



Headquarters North Carolina Wing Civil Air Patrol



Unit Check Request Form

CHARTER NUMBER: NC- _____

UNIT NAME: _____

DATE OF REQUEST: _____

DATE NEEDED: _____

MAKE PAYABLE TO: _____

MAIL TO: _____

CITY/STATE/ZIP: _____

EMAIL ADDRESS: _____

TELEPHONE NUMBER: _____

LINE	DESCRIPTION	ACCOUNT NUMBER WING USE ONLY	AMOUNT
1			
2			
3			
4			
TOTAL AMOUNT OF CHECK:			

*****ALL CHECKS OVER \$ 200 REQUIRE TWO SIGNATURES ON CHECK REQUEST FORM*****

UNIT COMMANDER NAME: _____ DATE: _____

SIGNATURE: _____

UNIT FINANCE OFFICER
OR COMMITTEE APPROVAL: _____ DATE: _____

SIGNATURE: _____

_____ WING USE ONLY BELOW THIS LINE _____

DATE RECEIVED: _____

RECEIVED BY: _____

CHECKS ARE WRITTEN EACH FRIDAY - REQUESTS MUST BE RECEIVED BY WEDNESDAY